

<i>SERFF Tracking Number:</i>	<i>AOIC-125536673</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BOP-AR-99-03/11/2008-54060</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Policy</i>		
<i>Project Name/Number:</i>	<i>BOP/54060</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company		
Product Name: Businessowners Policy	SERFF Tr Num: AOIC-125536673	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: BOP-AR-99-03/11/2008-54060	State Status: Fees verified and received
Filing Type: Form	Co Status: Approved	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Claudia Stewart, Drew Westen	Disposition Date: 06/18/2008
	Date Submitted: 06/17/2008	Disposition Status: Approved
Effective Date Requested (New): 07/20/2008		Effective Date (New): 07/20/2008
Effective Date Requested (Renewal): 07/20/2008		Effective Date (Renewal): 07/20/2008

State Filing Description:

General Information

Project Name: BOP	Status of Filing in Domicile: Authorized
Project Number: 54060	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/18/2008	
State Status Changed: 06/18/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
FORM FILING: 54060 (02-06) - Off Premises Utility Service Failure	

Form Attaches To: Businessowners Special Property Coverage Form

SERFF Tracking Number: AOIC-125536673 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: BOP-AR-99-03/11/2008-54060
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Policy
Project Name/Number: BOP/54060

Use: Add Off-Premises Utility Service Failure as an additional coverage.

Revisions to the form include: The "Local Utility Services" definition replaces the "Utilities" definition; business income and extra expense is provided; exclusions are added for "Perishable Stock" and "Power of other Grid Failure"; the definitions for "operations", "Period of Restoration", and "Perishable Stock" are added.

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after July 20, 2008.

If you have any questions, please feel free to contact one of the following:

Manager:

GREG MACK, CPCU, AIS, AU, MANAGER
BUSINESSOWNERS UNDERWRITING
MACK.GREG@AOINS.COM (emails without attachments)
commmlinesund@aoins.net (emails with attachments)
517-327-4915

Underwriter:

CRAIG FILA
FILA.CRAIG@AOINS.COM
(517) 703-2475

Company and Contact

Filing Contact Information

Greg Mack, Manager	mack.greg@aoins.com
PO Box 30660	(800) 346-0346 [Phone]
Lansing, MI 48909-8160	(517) 391-1903[FAX]

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Product Name: Businessowners Policy
Project Name/Number: BOP/54060

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins	State ID Number:
(800) 346-0346 ext. [Phone]	Group	
	FEIN Number: 38-0315280	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins	State ID Number:
(800) 346-0346 ext. [Phone]	Group	
	FEIN Number: 34-1172650	

SERFF Tracking Number: AOIC-125536673 State: Arkansas
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Liability
Product Name: Businessowners Policy
Project Name/Number: BOP/54060

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	06/17/2008	20945491
Owners Insurance Company	\$0.00	06/17/2008	

SERFF Tracking Number:	AOIC-125536673	State:	Arkansas
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Company Tracking Number:	BOP-AR-99-03/11/2008-54060		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	Businessowners Policy		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/18/2008	06/18/2008

<i>SERFF Tracking Number:</i>	<i>AOIC-125536673</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Policy</i>		
<i>Project Name/Number:</i>	<i>BOP/54060</i>		

Disposition

Disposition Date: 06/18/2008
 Effective Date (New): 07/20/2008
 Effective Date (Renewal): 07/20/2008
 Status: Approved
 Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: AOIC-125536673 State: Arkansas
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 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners Policy
 Project Name/Number: BOP/54060

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Off Premises Utility Service Failure	Approved	Yes

SERFF Tracking Number: AOIC-125536673 State: Arkansas

First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: BOP-AR-99-03/11/2008-54060

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners Policy

Project Name/Number: BOP/54060

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Off Premises Utility Service Failure	54060	02-06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 54071 (08-00) Previous Filing #:		54060 (02-06).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OFF-PREMISES UTILITY SERVICE FAILURE

This endorsement modifies insurance under the BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM.

1. Under **A. COVERAGE, 5. Additional Coverages**, the following Additional Coverage is added:

Off-Premises Utility Service Failure

In the event of the interruption of utility service to the premises described in the Declarations, we shall pay for loss of or damage to Covered Property, actual loss of "Business Income" and necessary "Extra Expense". The interruption must result from direct physical damage by a Covered Cause of Loss to property of your "local utility service".

2. The most we shall pay for all loss or damage to Covered Property, actual loss of "Business Income" and necessary "Extra Expense" in any one loss is the Limit of Insurance shown in the Declarations for OFF-PREMISES UTILITY SERVICE FAILURE. Payment for your actual loss of "Business Income" and necessary "Extra Expense", if any, will be subject to the necessary suspension of your "operation" during the "period of restoration" and the following terms and conditions:

- a. Under **A. COVERAGE, 5. Additional Coverages, f. Business Income** and **g. Extra Expense** do not apply to this endorsement.

- b. **"Operation"**, means your business activities occurring at the described premises.

- c. **"Period of Restoration"**, means the period of time that:

- (1) Begins with the interruption of utility service to the premises described in the Declarations caused by direct physical loss or damage by a Covered Cause of Loss to the property of your "local utility service"; and
- (2) Ends on the date when the interruption of utility service to the premises described in the Declarations is restored.

"Period of Restoration" does not include any increased period required due to the enforcement of any law that:

- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) Regulates the prevention, control, repair, clean-up or restoration of environmental damage.

The expiration date of this policy will not cut short the "period of restoration".

- d. **"Business Income"**, means the:

- (1) Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred; and
- (2) Continuing normal operating expenses incurred, including payroll.

- e. **"Extra Expense"**, means expense incurred:

- (1) To avoid or minimize the suspension of business and to continue "operations":
 - (a) At the described premises; or
 - (b) At replacement premises or at temporary locations, including:

- 1) Relocation expenses; and
 - 2) Costs to equip and operate the replacement or temporary locations.
- (2) To minimize the suspension of business if you cannot continue "operations".
- (3) (a) To repair or replace any property; or
- (b) To research, replace or restore the loss information on damaged valuable papers and records
- to the extent it reduces the amount of loss that otherwise would have been payable under this Additional Coverage.

3. Exclusions

The following exclusions apply only to this endorsement:

a. Perishable Stock

We will not pay for loss or damage to "perishable stock".

b. Power or Other Utility Grid Failure

Under **B. EXCLUSIONS, 1.e. Power Failure**, is deleted and replaced by the following exclusion for this endorsement only:

We shall not pay for loss or damage caused by or resulting from the failure to supply "communication supply services", "power supply services" or "water supply services" from any regional or national grid.

4. Definitions

The following definitions apply only to this Additional Coverage:

- a. "Communication Supply Services"**, meaning property supplying communication services, including telephone, radio, microwave or television services, to the described premises, that are not located on a described premises and not rented, leased or owned by any insured, such as:
- (1) Communication transmission lines, including optic fiber transmission lines;
 - (2) Coaxial cables; and
 - (3) Microwave radio relays except satellites.
- b. "Local Utility Service"**, means your billing entity, repair entity or service entity directly supplying your "communication supply services", "power supply services" or "water supply services" to the premises described in the Declarations.
- c. "Perishable Stock"**, means merchandise held in storage or for sale that is refrigerated for preservation and is susceptible to loss or damage if the refrigeration fails.
- d. "Power Supply Services"**, means the following types of property supplying electricity, steam or gas to the described premises, that are located on a described premises and not rented, leased or owned by any insured:
- (1) Utility generating plants;
 - (2) Switching stations;

- (3) Substations;
 - (4) Transformers; and
 - (5) Transmission lines.
- e. **"Water Supply Services"**, means the following types of property supplying water to the described premises, that are not located on a described premises and not rented, leased or owned by any insured:
- (1) Pumping stations; and
 - (2) Water mains.

All other policy terms and conditions apply.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 06/18/2008

Comments:

Attachments:

54060 AR NAIC 1.pdf
54060 AR NAIC 2.pdf
54060 AR NAIC 3.pdf

Property & Casualty Transmittal Document (Revised 1/1/08)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use Only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5. Company Tracking Number

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Greg Mack, CPCU, AIS, AU, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-327-4915 800-346-0346 Ext. 4915	(517) 391-1903	MACK.GREG@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Greg Mack, CPCU, AIS, AU

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.0000 Commercial Multi-Peril
10. Sub-Type of Insurance (Sub-TOI)	5.0002 Businessowners
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Businessowners
13. Filing Type	FORM
14. Effective Date(s) Requested	July 20, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	June 20, 2008
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20. This filing transmittal is part of Company Tracking #

21. **Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

FORM FILING: 54060 (02-06) - Off Premises Utility Service Failure

Form Attaches To:

Businessowners Special Property Coverage Form

Use: Add Off-Premises Utility Service Failure as an additional coverage.

Revisions to the form include:

The "Local Utility Services" definition replaces the "Utilities" definition; business income and extra expense is provided; exclusions are added for "Perishable Stock" and "Power of other Grid Failure"; the definitions for "operations", "Period of Restoration", and "Perishable Stock" are added.

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GREG MACK, CPCU, AIS, AU, MANAGER
BUSINESSOWNERS UNDERWRITING
MACK.GREG@AOINS.COM (emails without attachments)
commmlinesund@aoins.net (emails with attachments)
517-327-4915

Underwriter:

CRAIG FILA
FILA.CRAIG@AOINS.COM
(517) 703-2475

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

Ed. 01/05

This form must be provided ONLY when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) **Arkansas**

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number	

3.	Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
01	Off Premises Utility Service Failure	54060 (02-06)	<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Replacement	54071 (08-00)	
02			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
03			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
04			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
05			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
06			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
07			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
08			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
09			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)